Direct Debit Request Form

Finance with a mission

Is this a change to an existing Direct Debit?
(Please tick one) ☐ **Yes** ☐ **No**

Is this a Cancellation?
(Please tick one) ☐ **Yes** ☐ **No**

OFFICE USE ONLY

Authority Number:

Please return this form to (no stamp required):
LLL, Reply Paid 45, North Adelaide SA 5006

PLEASE USE BLOCK LETTERS

Request and Authority to Debit the account named below

Title _____ Surname _____ Given Names _____

Business Name _____ Business ABN _____

"You" request and authorise Lutheran Laypeople's League of Australia Ltd. (User ID No.06861) to process direct debits through the Bulk Electronic Clearing System in accordance with the instructions provided.

FROM:

Financial Institution details (ie that holds the account)

Financial Institution name _____

Account details (ie account transferred from)

Account name _____

BSB number | | | | – | | | | Account number | | | | | | | | | |

Debit details

Amount to be Debited $ _____ with the first debit to be made on (date) ____ / ____ / ____

and at the following intervals (please tick one): ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

Or for any such amount/s or period/s as directed by you to LLL or via LLL@Home.

Reference _____

TO:

Account to be credited (ie account transferred to)

Account name DALBY ST MARKS

BSB number 704 – 942 Account number 100517439

Signature and details of account holders

By signing this **Direct Debit Request** you acknowledge having read and understood the terms and conditions of the Direct Debit Request Service Agreement.

Postal Address _____

Postcode _____

Daytime Phone _____

Email _____

Signature
×

Date

lll-3371_DirectDebitRequest_02/19_OBH19832